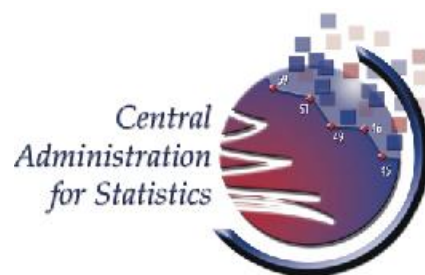


LEBANESE REPUBLIC

**PRESIDENCY OF THE
COUNCIL OF MINISTERS**

**CENTRAL ADMINISTRATION
FOR STATISTICS**



Labour Force and Household Living Conditions Survey

Household Number	_ _ _ _ _ _	HH1
Cluster Number	_ _ _ _ _ _ _ _ _ _	HH2
List Number	_ _ _ _ _ _	HH3
Period Number	_ _ _ _	HH4

Confidentiality

According to the law number 1793 date 22/2/1979, of the Central Administration for Statistics: “gathered information will be confidential and will be used solely for statistical purposes”.

Household Information Panel

AD1	City or Village
AD2	Street
AD3	Building
AD4	Building number in the cluster	_ _
AD5	Gate	_ _
AD6	Floor	_
AD7	Flat	_
HH5	Start time	Hour Minutes :
HH6	End time	Hour Minutes :
HH7	Head of Household name
HH8	Respondent's name
HH9	Respondent's line no.	_ _
HH10	Number of household members	_ _
HH11	Phone number	Code Number _ _ / _ _ _ _ _ _ _ _
HH12	Mobile number and Owner's name	Code Number _ _ / _ _ _ _ _ _ _ _

First: Household listing form

The information concerning all household members will be filled

Line no.	Name	What is (NAME)'s relationship to the head of household ?	What is (NAME)'s sex ?	What is (NAME)'s date of birth ?			How old was (NAME) in completed years on his/her birthday ?
				Day	Month	Year	
	Start With Head of Household	01. Head of Household 02. Spouse/husband 03. Son/Daughter (even if adopted) 04. Son-in-law/Daughter-in-law 05. Grandson/Granddaughter 06. Father/Mother 07. Brother/Sister 08. Grandmother/Grandfather 09. Another kinship 10. No kinship 11. Domestic workers (maid, ...) <i>If choice 11 is selected, stop at ED3</i>	1. Male 2. Female	<i>(If it is impossible to obtain the Date of Birth, the year of birth is counted as the current year minus the age in years, the entries of day and month are filled as following 98/98/year).</i> 9999. Unknown year			
HL1	HL2	HL3	HL4	HL5			HL6
1		Head of Household	01				
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Definition of Household

Definition of Head of Household

Household listing form (Continued)

The information concerning all household members will be filled

Line no.	What is (NAME)'s marital status? 1. Never married 2. Married 3. Widowed 4. Divorced 5. Separated	What is (NAME)'s type of residency in the house ? <i>(See the list of codes at the bottom of the page)</i>	For Lebanese only:	For non – Lebanese:		For Syrians only:
			What is (NAME)'s place of registration ? provide: Mohafaza and Caza	What is the nationality of (NAME) ?	When did (NAME) arrive to Lebanon as a refugee for the 1 st time ? <i>(Write the year of birth if (name) was born in Lebanon)</i>	Is (NAME) displaced to Lebanon because of the war in Syria ? 1. Yes 2. No
HL1	HL7	HL8	HL9	HL10	HL11	HL12
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HL8: Type of residency

1. Resident in the house

- In a private institution (school, hospital, dorm, elderly housing)
- In an independent house or room in Lebanon
- In the place of his/her work
- In the barracks (security forces)
- Outside Lebanon for a limited period of time (whatever the reasons)

2. Non-resident (Stop at HL12)

- Outside Lebanon for education
- Living outside the country for work
- A guest or a kin

Are considered residents:

- Every prisoner and missing person who ever lived with this household during the past 12 months
- Every member of the security and military forces

Second: Education Module

To be administered to each household member age **3** years and above

For members age between 3 and 24 years

Line no.	Has (NAME) ever attended any educational institute ? 1. Yes 2. No, illiteracy 3. No, able to read and write 4. No, not yet enrolled <i>If choices 2, 3 or 4 are selected, move to the next member</i>	What is the highest level of education that (NAME) has attended and the highest grade completed at this level ?		Current school year Is (NAME) currently enrolled in school ? 1. Yes 2. No → ED8
		01. Pre-school 02. Primary (Level 1 & 2) 03. Complementary (Level 3) 04. Secondary 05. University 06. BP 07. BT 08. TS 09. LT 10. Non-standard curriculum 11. Special curriculum for disabled <i>If choices 10 or 11 are selected, or if the first grade of the attended level wasn't completed; enter 0 in the grade box</i>		
HL1	ED1	ED2 Level	ED3 Grade	ED4
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Level ED2	Grade ED3					
Pre-school	Nursery		KG1		KG2	
	1		2		3	
Primary (Level 1 & 2)	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
	1	2	3	4	5	6
Complementary (Level 3)	Grade 7		Grade 8		Grade 9	
	7		8		9	
Secondary	Grade 1		Grade 2		Grade 3	
	1		2		3	
University	1 st year	2 nd year	3 rd year	4 th year	5 th year	6 th year and more
	1	2	3	4	5	6

Education Module (Continued)

To be administered to each household member age between **3** and **24** years only

Line no.	Current school year			
	Which level and grade is (NAME) attending during the current school year ?		What is the school type ?	What is the main reason that (NAME) is not currently enrolled ?
	01. Pre-school 02. Primary (Level 1 & 2) 03. Complementary (Level 3) 04. Secondary 05. University 06. BP 07. BT 08. TS 09. LT 10. Non-standard curriculum 11. Special curriculum for disabled If choices 10 or 11 are selected, enter 0 in the grade box		1. Public 2. Private 3. Free private (Move to the <i>next member</i>)	1. Finished / stopped education 2. Stopped for economic reasons 3. Stopped for non-economic reasons 4. Because of the war in Syria 9. Other, specify.....
HL1	ED5 Level	ED6 Grade	ED7	ED8
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Level ED5	Grade ED6					
Pre-school	Nursery		KG1		KG2	
	1		2		3	
Primary (Level 1 & 2)	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6
	1	2	3	4	5	6
Complementary (Level 3)	Grade 7		Grade 8		Grade 9	
	7		8		9	
Secondary	Grade 1		Grade 2		Grade 3	
	1		2		3	
University	1 th year	2 th year	3 th year	4 th year	5 th year	6 th year and more
	1	2	3	4	5	6

Third: Employment and Unemployment Module

To be administered to all household members aged 10 years and above

HL1	EA1	EA2	EA3	EA4	EA5
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment and Unemployment Module (Continued)

To be administered to all household members aged 10 years and above

Line no.	Is (NAME) temporarily absent from any work ? 1. Yes 2. No → EA30	What is the main reason (NAME) is currently temporarily absent from his/ her work ? (Only 1 answer, main reason) 01. Own illness or injury 02. Public holidays 03. Vacation or annual leave 04. Maternity/Paternity leave 05. Parental leave/care for others 06. Education leave 07. Strikes or lockouts 08. Reduction in economic activity 09. Work disorganization 10. Off season → EA30 96. Other, specify..... } → EA9	What is (NAME)'s total expected absence duration from work ? 1. Less than 3 months 2. 3 months and more → EA30 (If does not know, ask for the elapsed duration)
HL1	EA6	EA7	EA8
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment and Unemployment Module (Continued)

To be administered to all household members aged 10 years and above

Line no.	Did (NAME) have any other jobs last week ? <i>(Different jobs and not different shifts in the same job)</i> 1. Yes 2. No	How many hours does (NAME) usually work per week ?		How many hours did (NAME) actually work last week ?		Was (NAME) looking or caring for a different or additional job last week ? 1. Yes, additional 2. Yes, different → EA14 3. No → EA15	Is (NAME) available for working additional hours per week ? 1. Yes 2. No <i>(Go to EA15)</i>	What is the main reason that (NAME) was seeking a different job ? <i>(See codes below)</i>
		a. In his/her main job ? <i>(Main job is the one with the longest hours usually worked)</i>	b. In his/her other job(s) ? <i>(Code 00 if there's no other job(s))</i>	a. In his/her main job ? <i>(Main job is the one with the longest hours usually worked)</i>	b. In his/her other job(s) ? <i>(Code 00 if there's no other job(s))</i>			
HL1	EA9	EA10a	EA10b	EA11a	EA11b	EA12	EA13	EA14
1	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EA14: Reasons for seeking a different employment

1. Present job is temporary
2. To have better paid job
3. To have more client/business
4. To work more hours
5. To work less hours
6. Match skills or qualifications
7. To improve working conditions
9. Other, specify

Employment and Unemployment Module (Continued)

To be administered to all household members aged 10 years and above

Line no.	<p>I am going to ask you some questions regarding the MAIN job (NAME) had last week.</p> <p>What is the economic activity of the establishment/business where (NAME) works in his/her main job ?</p> <p>What are the main goods or services produced ?</p>	<p>In his main job, what kind of work (NAME) usually do ?</p> <p>What is the job title of (NAME) ?</p> <p>What are his/her main tasks or duties ?</p> <p><u>Eg.:</u> University teacher, ...</p> <p><u>Don't say:</u> Teaching; working; helping in; driver; ...</p>
HL1	EA15	EA16
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>

Employment and Unemployment Module (Continued)

To be administered to all household members aged 10 years and above

Line no.	What is (NAME)'s current employment status in his/her main job or occupation ?	Does (NAME) current employer provide any type of social security ?	Does (NAME) have a paid annual leave?	Does (NAME) have a paid sick leave?
	1. Employer / Partner 2. Own account worker 3. Contributing family helper (unpaid) 4. Monthly paid employee 5. Weekly, daily or on the basis of productivity paid employee 6. Trainee, apprentice 9. Other (specify) <i>If choice 1, 2, or 3 are selected, go to EA21</i>	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know	1. Yes 2. No 3. Don't know
HL1	EA17	EA18	EA19	EA20
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment and Unemployment Module (Continued)

To be administered to all household members aged 10 years and above

Line no.	What is the institutional sector of the establishment where (NAME) currently works for his/her main current job or occupation ?	Including (NAME), what is the number of workers in the establishment where he/she currently works for his/her current main job or occupation ?	Is the business / enterprise where (NAME) works, registered in the commercial registry ?	Does the business / enterprise where (NAME) works keep an accounts book (asset & expenditure) ?
	1. Private business or private farm, etc 2. Private household 3. Government institution/state owned enterprise 4. Non-governmental institution, non- profit organization 5. Embassy or international organization 6. Political parties 9. Other, specify <i>If choices 2, 3, 4, 5, 6 or 9 are selected, go to EA26a</i>	1. 1 person 2. [2 – 4] 3. [5 – 9] 4. [10 – 19] 5. [20 – 49] 6. [50 – 99] 7. 100 workers and above 8. Don't know	1. Yes 2. In process 3. No 4. Don't know	1. Yes 2. No 3. Don't know
HL1	EA21	EA22	EA23	EA24
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment and Unemployment Module (Continued)

To be administered to all household members aged 10 years and above

HL1	EA25	EA26a	EA26b
Line no. When does (NAME) execute his/her current main job or occupation ? <i>(Only 1 answer)</i> 01. At his/ her home with no special work place 02. At his/ her home with work space inside or attached to house 03. Business premises with fixed location independent from the house (factory, office, shop, workshop, ...) 04. Farm/agricultural plot 05. Home or workplace of a client 06. Construction site 07. Market, bazaar stall, trade fair 08. Street pavement or highway with fixed post 09. Employer's home (eg. Domestic help) 10. Transport vehicle 11. No fixed location (eg. Mobile, door to door, without fixed post) 96. Other, specify	How much was (NAME)'s income or net earnings in cash or in kind from his/her main job last month? <i>(If the respondent provides his/her earnings, register 1 in EA26a and the earnings in LBP in EA26b.</i> <i>If the respondent does not know or does not want to say, report 2 in EA26a and go to question EA27)</i> 1. _ _ _ _ _ _ _ _ LBP → EA28 2. Don't know/Don't want to say → EA27		
1	_ _	_	_ _ _ _ _ _ _ _ LBP
2	_ _	_	_ _ _ _ _ _ _ _ LBP
3	_ _	_	_ _ _ _ _ _ _ _ LBP
4	_ _	_	_ _ _ _ _ _ _ _ LBP
5	_ _	_	_ _ _ _ _ _ _ _ LBP
6	_ _	_	_ _ _ _ _ _ _ _ LBP
7	_ _	_	_ _ _ _ _ _ _ _ LBP
8	_ _	_	_ _ _ _ _ _ _ _ LBP
9	_ _	_	_ _ _ _ _ _ _ _ LBP
10	_ _	_	_ _ _ _ _ _ _ _ LBP
11	_ _	_	_ _ _ _ _ _ _ _ LBP
12	_ _	_	_ _ _ _ _ _ _ _ LBP

Employment and Unemployment Module (Continued)

To be administered to all household members aged 10 years and above

Line no.	Would you say that (NAME)'s income or net earnings last month was in the range...?	Was this below, above or about average (NAME)'s income/earnings in mid 2013?	Why (NAME)'s income/earnings last month differed from mid 2013's income/earnings ?
	1. Less than 600 000 LBP 2. From 600 000 to less than 900 000 LBP 3. From 900 000 to less than 1 500 000 LBP 4. From 1 500 000 to less than 2 250 000 LBP 5. From 2 250 000 to less than 3 000 000 LBP 6. From 3 000 000 to less than 4 500 000 LBP 7. 4 500 000 LBP and more	1. About average → EA40 2. Below average 3. Above average	(Go to EA40) (See codes below)
HL1	EA27	EA28	EA29
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EA29: Reason why (NAME)'s income/earning of the past month differed from mid – 2013's income/earning

The earnings are less

- 01.** Seasonal work, Temporary work
- 02.** Economic crisis, economic status, less work
- 03.** Less work due to expats
- 04.** Long absence (long educational or sick leave)
- 05.** Change of work or getting a new job
- 06.** Job was outside Lebanon

The earnings are more

- 07.** More work, more working hours
- 08.** Primary job, getting a new job
- 09.** Raise
- 10.** Finding a better job

- 96.** Other if earnings lessened or increased, specify

Employment and Unemployment Module (Continued)

To be administered to all household members aged 10 years and above

Line no.	Did (NAME) actively search a job or try to start a business in the previous 4 weeks? 1. Yes 2. No → EA33	What (NAME) did to look for work during the last 4 weeks? (4 answers maximum) <i>If no step taken, report code 10 in first column and then go to EA34</i>				For how long has (NAME) been without job and looking for a paid job? 1. Less than 1 month 2. [1 month – 3 months [3. [3months – 6 months [4. [6 months – 12 months [5. [1 year – 2 years [6. 2 years and more (Go to EA35)			
		01. By relative or friends	02. Applying directly to employers	03. Enquiring at workplaces(eg. Farms, industries, markets, ...),	04. Subscribing in the National employment office		05. Subscription in private employment agency	06. Answering to job advertisement in newspapers or internet	07. Advertising publication in newspapers or internet
HL1	EA30	EA31a	EA31b	EA31c	EA31d	EA32			
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Employment and Unemployment Module (Continued)

To be administered to all household members aged 10 years and above

Line no.	Does (NAME) want to work ?	What is the main reason (NAME) didn't look for a job in the last 4 weeks ?	If a job became available, would (NAME) be involved to start working within the next two weeks ?	For what reason (NAME) is not currently available to work ?	If a job with requirements below (NAME)'s professional or educational level were available, would (NAME) accept it ?
	1. Yes 2. No → EA38	(See codes below)	1. Yes → EA37 2. No	(Go to EA38) (See codes below)	1. Yes 2. No
HL1	EA33	EA34	EA35	EA36	EA37
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EA34: Reasons for not seeking for a job	EA36: Reasons for not being available
01. Found a job and waiting to start 02. Own illness, disability or injury 03. Education or training 04. Family responsibilities, household chores 05. Family objection 06. Couldn't find a suitable job 07. Lack of experience 08. Lack of job matching qualifications or skills 09. Believe that no work is available in the area 10. Too young or too old by prospective employers 11. Lack of infrastructure in the area (assets, roads, transportation, employment services) 12. Don't need to work, has other source of income (pension, rent) 96. Other, specify	1. Occupied with studying 2. Illness 3. Travelling 4. Family reasons 5. Occupied with chores 6. Old age 7. Preparing to start a new job 8. Family objection 9. Other, specify

Employment and Unemployment Module (Continued)

To be administered to all household members aged 10 years and above

Line no.	Have (name) ever worked before ?	What was the main reason (NAME) stopped working in his/her last job / business ? <i>(Only 1 answer)</i>	Where were (NAME) living in mid 2013 ?	What was (NAME) main situation in the labour force in mid 2013 ?
	1. Yes 2. No → EA40	01. Dismissed or made redundant 02. Job was temporary 03. Seasonal work 04. Personal or family responsibilities 05. Own illness or disability 06. Education or training 07. Early retirement, ending economic activity 08. Retirement 09. Resignation 10. Inappropriate working conditions (time, salary.) 96. Other, specify	1. In Lebanon 2. Outside Lebanon, specify the country	1. Employed (working for pay or profit even for few hours) 2. Unemployed (looking for job) 3. Inactive (Studying, taking care of children, retired, sick) <i>If choice 2, or 3 are selected, go to EA45</i>
HL1	EA38	EA39	EA40	EA41
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment and Unemployment Module (Continued)

To be administered to all household members aged 10 years and above

Line no.	What was (NAME) employment status in mid 2013 ?	What was in detail (NAME)'s main job or occupation in mid 2013 ?	What was the economic activity of the establishment where (NAME) worked in his/her main job or occupation in mid 2013 ?	What was (NAME) main source of livelihood in mid 2013 ?
	1. Employer / Partner 2. Own account worker 3. Contributing family helper (unpaid) 4. Monthly paid employee 5. Weekly, daily or on the basis of productivity paid employee 6. Trainee, apprentice 9. Other (specify)			1. Savings/ property income 2. Casual work, income from work, pension 3. Support from persons living in Lebanon 4. Help from persons living outside Lebanon 5. Support from UN agencies, NGOs, ... 6. Help from other institutions 7. Income from the work of any HH member
HL1	EA42	EA43	EA44	EA45
1	<input type="checkbox"/>	_ _ _ _	_ _ _ _	<input type="checkbox"/>
2	<input type="checkbox"/>	_ _ _ _	_ _ _ _	<input type="checkbox"/>
3	<input type="checkbox"/>	_ _ _ _	_ _ _ _	<input type="checkbox"/>
4	<input type="checkbox"/>	_ _ _ _	_ _ _ _	<input type="checkbox"/>
5	<input type="checkbox"/>	_ _ _ _	_ _ _ _	<input type="checkbox"/>
6	<input type="checkbox"/>	_ _ _ _	_ _ _ _	<input type="checkbox"/>
7	<input type="checkbox"/>	_ _ _ _	_ _ _ _	<input type="checkbox"/>
8	<input type="checkbox"/>	_ _ _ _	_ _ _ _	<input type="checkbox"/>
9	<input type="checkbox"/>	_ _ _ _	_ _ _ _	<input type="checkbox"/>
10	<input type="checkbox"/>	_ _ _ _	_ _ _ _	<input type="checkbox"/>
11	<input type="checkbox"/>	_ _ _ _	_ _ _ _	<input type="checkbox"/>
12	<input type="checkbox"/>	_ _ _ _	_ _ _ _	<input type="checkbox"/>

Fourth: Chronic health Module

To be administered to all household members

Line no.	Are there any medical expenditures that (NAME) needed regularly? (Drugs, X-ray, lab, therapy, ...)		Are there any drugs that (NAME) need regularly but does not obtain ?		Are there any medical services that (NAME) need regularly but does not obtain ?	
	1. Yes 2. No → HE3	How's usually incurred these medical expenditure ? 1. Himself / HH members 2. HH members shared with others 3. Others 4. Can't obtain	1. Yes 2. No → HE5	What is the main reason that (NAME) does not obtain needed drugs ? 1. Shortage or unavailability of drugs 2. Can't afford drugs 3. Family doesn't allow me 9. Other, specify.....	1. Yes 2. No → HE7	What is the main reason that (NAME) does not obtain needed medical services ? 1. Shortage or unavailability of services 2. Can't afford services 3. Family doesn't allow me 9. Other, specify.....
HL1	HE1	HE2	HE3	HE4	HE5	HE6
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chronic health Module (Continued)

To be administered to all household members

Line no.	In the last 3 months, was (NAME) sick or injured ?			
	1. Yes		2. No → Next member	
	During the last illness or injury, did (NAME) visit any doctor or seek any medical help?			
	1. Yes → HE10		2. No	
			Why didn't (NAME) visit a doctor or seek any medical help ?	Where did (NAME) seek medical help ?
			1. Didn't need to 2. Can't afford it 3. Doesn't trust the medical system 4. Location issues (too far/no mean of transportation) 5. Family doesn't allow me to visit a doctor or seek any medical help 9. Other, specify.....	1. Private clinic 2. Public clinic 3. Private hospital 4. Public hospital 5. Pharmacist 6. Dispensary 7. Traditional practitioner 8. Outside Lebanon 9. Other, specify.....
	<i>Move to the next member</i>			
HL1	HE7	HE8	HE9	HE10
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fifth: Insurance Module

To be administered to all household members

Line no.	Is (NAME) currently benefiting from any type of health insurance ?		
	1. Yes 2. No → <i>Next member</i>	What is (NAME)'s type of primary health insurance ? 1. National Social Security Fund 2. Facultative Fund 3. Public Servants Cooperation 4. Army and the Internal Security Forces 5. Private insurance at the employer's expense 6. Private insurance at own expense 7. Mutual fund through an institution or union 8. From UNHCR or other organization 9. Other, specify.....	What is (NAME)'s source of primary health insurance? 01. His/her current job 02. Current job for any HH member 03. His/her previous job 04. Previous job for any HH member 05. Family members outside the HH 06. Educational institution (University or school) 07. On his/her own expense (facultative fund, syndicates, private insurance companies...) 08. Public plate (نمرة عمومية) 09. UNHCR or other organization 96. Other, specify.....
HL1	IN1	IN2	IN3
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sixth: Disability Module

To be administered to all household members

Line no.	Because of a health condition, does (NAME) have weak sight, even with use of eye glasses?	Because of a health condition, does (NAME) have weakness of hearing, even with hearing aid ?	Because of a health condition, does (NAME) have difficulty in walking or climbing steps?	Because of a health condition, does (NAME) have difficulty in remembering or concentrating ?	Because of a health condition, does (NAME) have difficulty with self care (such as washing all over / dressing, feeding, toileting, etc...) ?	Because of a health condition, does (NAME) have difficulty in communicating in his own language?
	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot see at all 5. Not applicable	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot hear at all 5. Not applicable	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 5. Not applicable	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 5. Not applicable	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 5. Not applicable	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot communicate at all 5. Not applicable
HL1	D11	D12	D13	D14	D15	D16
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Seventh: Primary dwellings Module

What is the type of dwelling ?

1. An independent house
2. Villa (more than one floor)
3. An apartment in an independent building or in a residential complex
4. Factory / warehouse / garage / store / shop / worksite
5. Unfinished building
6. An improvised dwelling in an informal settlement
7. An improvised dwelling in a collective shelter / center
8. Room concierge
9. Others, specify

 PR1

What is the total built-up area of dwelling in m² ?

 PR2

What is the total number of rooms in the dwelling ?

(Excluding the kitchen and WC)

 PR3

Is there a WC in the dwelling ?

1. Yes, inside the dwelling
2. No, outside the dwelling and shared with other HH
3. No, outside the dwelling but not shared with other HH
4. No, not exist

 PR4

How old is the dwelling?

1. Less than 1 year
2. 1 to 4 years
3. 5 to 9 years
4. 10 to 14 years
5. 15 to 24 years
6. 25 to 49 years
7. More than 49 years

 PR5

What is the main material used in the dwelling floor (for more than 50% of the dwelling)?

1. Marble
2. Parquet
3. Tiles
4. Concrete
5. Soil
9. If other material, specify

 PR6

How long have your household been living in this dwelling?

1. Less than 1 year
2. 1 to 4 years
3. 5 to 9 years
4. 10 to 14 years
5. 15 years and above

 PR7

Primary dwellings Module (continued)

Does the household adopt any of the main source (used frequently) of drinking water?

01. Piped water into dwelling (public/private) **PR8**
02. Public tap /standpipe
03. Tube well / borehole
04. Protected dug well
05. Unprotected dug well
06. Protected spring
07. Unprotected spring
08. Rainwater collection
09. Tanker-truck
10. Cart with small tank / drum
11. Surface water (river/stream/lake/pond/irrigation channel)
12. Mineral water
13. Purified water
96. If other source, specify

Does the household adopt any of the source (used frequently) of service water?

01. Piped water into dwelling (public/private) **PR9**
02. Public tap /standpipe
03. Tube well / borehole
04. Protected dug well
05. Unprotected dug well
06. Protected spring
07. Unprotected spring
08. Rainwater collection
09. Tanker-truck
10. Cart with small tank / drum
11. Surface water (river/stream/lake/pond/irrigation channel)
96. If other source, specify

Is there a mean of drainage technique?

1. Yes **PR10**
2. No → **PR12**

Mention the main mean of drainage technique adopted by the household?

1. Public sewage system **PR11**
2. Open sewage system
3. Septic tank
9. Other source, specify

Where is the garbage placed to get rid of it?

1. In a container inside the building **PR12**
2. In a container close to the house
3. In a container far away from the house
4. Garbage dump
5. Nature (field, river, sea, stream...)
6. Anywhere
7. Don't Know
96. Other specify:
- Go to PR14**

How often are these containers emptied?

1. Twice a day **PR13**
2. Once a day
3. Once every two days
4. Twice a week
5. Once a week
6. Don't Know
96. Other specify:

Are you or any of your household members the owner of this dwelling?

1. Yes **PR14**
2. No → **PR16**

What is the type of ownership of this dwelling?

1. Individual ownership **PR15**
2. Shared with household members
3. Shared with relatives or others

(If the choices 1, 2 or 3 are selected, go to PR17)

How do your household live in this dwelling?

1. Not furnished rent **PR16**
2. Furnished rent
3. For free, offered by the employer
4. For free, offered by the family
5. For free, offered by Lebanese government
6. For free, offered by NGO or UN agency
7. Confiscation
9. Others, specify

Primary dwellings Module (continued)

Expenditures on housing and services for main dwelling, during the last 12 months

Does the household use any of these services or means ?	Does the household or any other person incurred any expenses for services or means in PR17 ?				
	1. Yes 2. No → Next service / mean	1. Yes 2. No → Next service/mean	What is the related time period ? 1. Weekly 2. Monthly 3. Yearly 4. Irregular	What is the amount of the last bill paid ? <i>If the periodic is irregular, provide the answer to the previous month</i> (-1) Unknown (in LBP)	Who's incurred these expenses ? 1. Incurred by the HH 2. Shared with other 3. Included in rent 4. Employer 5. Other person/party 9. Other, specify
PR17	PR18	PR19	PR20	PR21	
1. Public water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _ _ _ _ LBP	<input type="checkbox"/>
2. Water tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _ _ _ _ LBP	<input type="checkbox"/>
3. Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _ _ _ _ LBP	<input type="checkbox"/>
4. Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _ _ _ _ LBP	<input type="checkbox"/>
5. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _ _ _ _ LBP	<input type="checkbox"/>
6. Satellite cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _ _ _ _ LBP	<input type="checkbox"/>
7. Fixed phones (without Internet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_ _ _ _ _ _ _ LBP	<input type="checkbox"/>
8. General maintenance for the building	<input type="checkbox"/>				
9. Individual electrical central heating	<input type="checkbox"/>				
10. Electrical non-central heating	<input type="checkbox"/>				
11. Individual central heating using gas oil	<input type="checkbox"/>				
12. Non-central heating using kerosene or gas oil	<input type="checkbox"/>				
13. Non-central heating using gas	<input type="checkbox"/>				
14. Non-central heating using firewood or charcoal	<input type="checkbox"/>				
96. Other heating means, specify...	<input type="checkbox"/>				

Total

|_|_|_|_|_|_|_| LBP

Eight: Durables for the primary dwelling Module

Does the household have any of the following goods ?	1. Yes		2. No → Next good		Belonging:	
	1. Does it belong to your household		2. Given to your HH for temporary use			
1. Refrigerator	<input type="checkbox"/>	DA1	<input type="checkbox"/>	DA2		
2. Burner for cooking with an electric or gas operated oven	<input type="checkbox"/>	DA3	<input type="checkbox"/>	DA4		
3. Burner for cooking without an electric or gas operated oven	<input type="checkbox"/>	DA5	<input type="checkbox"/>	DA6		
4. Microwave	<input type="checkbox"/>	DA7	<input type="checkbox"/>	DA8		
5. Washing machine	<input type="checkbox"/>	DA9	<input type="checkbox"/>	DA10		
6. Dishwasher	<input type="checkbox"/>	DA11	<input type="checkbox"/>	DA12		
7. Vacuum cleaner	<input type="checkbox"/>	DA13	<input type="checkbox"/>	DA14		
8. Television ((TV ... on Flat screen)	<input type="checkbox"/>	DA15	<input type="checkbox"/>	DA16		
9. DVD	<input type="checkbox"/>	DA17	<input type="checkbox"/>	DA18		
10. Satellite Dish	<input type="checkbox"/>	DA19	<input type="checkbox"/>	DA20		
11. Iron	<input type="checkbox"/>	DA21	<input type="checkbox"/>	DA22		
12. Air conditioner	<input type="checkbox"/>	DA23	<input type="checkbox"/>	DA24		
13. Water heating system	<input type="checkbox"/>	DA25	<input type="checkbox"/>	DA26		
14. Computer (Laptop)	<input type="checkbox"/>	DA27	<input type="checkbox"/>	DA28		
15. Cell phone / Smart phone	<input type="checkbox"/>	DA29	<input type="checkbox"/>	DA30		
16. Ipad	<input type="checkbox"/>	DA31	<input type="checkbox"/>	DA32		
17. Internet (Cable / ADSL / 3G or 4G not included)	<input type="checkbox"/>	DA33				

Ninth: Means of transportation Module

Does the household have any of the following means of transportation?	1. Yes		2. No → Next mean		Belonging:	
	1. Does it belong to your household		2. Given to your HH for temporary use			
1. Car	<input type="checkbox"/>	MT1	<input type="checkbox"/>	MT2		
2. Motorcycle	<input type="checkbox"/>	MT3	<input type="checkbox"/>	MT4		
3. Bus or mini-bus	<input type="checkbox"/>	MT5	<input type="checkbox"/>	MT6		
4. Pick-up	<input type="checkbox"/>	MT7	<input type="checkbox"/>	MT8		
5. Boat for fishing	<input type="checkbox"/>	MT9	<input type="checkbox"/>	MT10		
6. Boat for leisure	<input type="checkbox"/>	MT11	<input type="checkbox"/>	MT12		

Tenth: Services available near the dwelling Module

Is there any transportation (bus – minibus - taxi) at a distance of less than 10 minutes walking from your dwelling ?

1. Yes, several lines

2. Yes, one line

3. Don't know

4. No

SE1

Is there any of the following services at a distance of less than 10 minutes walking from your dwelling ?

1. Yes

2. No

3. Don't know

} → Next service

How much time in minutes you need to reach by car to the nearest of your dwelling ?

1. Grocery

SE2

SE3

2. Bakery

SE4

SE5

3. Official elementary school

SE6

SE7

4. Private elementary school

SE8

SE9

5. Complementary school (private or official)

SE10

SE11

6. Secondary school (private or official)

SE12

SE13

7. Pharmacy

SE14

SE15

8. Private clinic

SE16

SE17

9. Hospital

SE18

SE19

10. Bank branch

SE20

SE21

Eleventh: Animals and livestock Module

Does the household or any of its members have the following animals and livestock ?

1. Yes

2. No → Next type of animals / livestock

1. Cow

LI1

2. Birds: poultry / turkey

LI2

3. Sheep

LI3

4. Goat

LI4

5. Horse

LI5

6. Donkey

LI6

7. Bee hives

LI7

Twelfth: Lands Module

Does the household or any of its members have lands ?

1. Yes

LA1

2. No → Next module

For the largest land, specify the use? (in terms of area)

1. Agriculture by the HH

LA2

2. Agriculture by others

3. Construction

4. Investment

5. Not used but suitable for agriculture

6. Not used and not suitable for agriculture

9. Other, specify

Thirteenth: Income and financial situation Module

Did your HH (any of its members) receive during the past 12 months an income from any of the following sources?

1. Yes 2. No 8. Don't know

	1. Yes	2. No	8. Don't know
1. Wages and salaries from the main or secondary job		<input type="checkbox"/>	RF1
2. Incomes of employers and self-employed		<input type="checkbox"/>	RF2
3. Income from real estate (buildings or lands rent, ...)		<input type="checkbox"/>	RF3
4. Incomes from financial assets (interest on deposit, bonds, loans, dividends, ...)		<input type="checkbox"/>	RF4
5. Incomes from retirement		<input type="checkbox"/>	RF5
6. Allowances from other social insurances (family, end-of-service, health, education, insurance, ...)		<input type="checkbox"/>	RF6
7. Governmental aid (hospitalization, education, indemnities for damages, evacuations, ...)		<input type="checkbox"/>	RF7
8. Transfer from non-governmental parties (from non-profitable organizations, ...)		<input type="checkbox"/>	RF8
9. Remittances from residents		<input type="checkbox"/>	RF9
10. Remittances from non-residents		<input type="checkbox"/>	RF10
11. Remittances from UNHCR		<input type="checkbox"/>	RF11
12. Remittances from other Non Government Organization		<input type="checkbox"/>	RF12
13. Remittances from Syrian Government		<input type="checkbox"/>	RF13
96. Other, specify		<input type="checkbox"/>	RF14

In which category was last month the household income (all the members) from all sources ?

RF15

01. Less than 150 000 LBP
02. From 150 000 LBP to less than 300 000 LBP
03. From 300 000 LBP to less than 500 000 LBP
04. From 500 000 LBP to less than 650 000 LBP
05. From 650 000 LBP to less than 800 000 LBP
06. From 800 000 LBP to less than 1 million LBP
07. From 1 million LBP to less than 1 200 000 LBP
08. From 1 200 000 LBP to less than 1 600 000 LBP
09. From 1 600 000 LBP to less than 2 400 000 LBP
10. From 2 400 000 LBP to less than 3 200 000 LBP
11. From 3 200 000 LBP to less than 5 million LBP
12. From 5 million LBP to less than 8 million LBP
13. From 8 million LBP to less than 12 million LBP
14. From 12 million LBP to less than 15 million LBP
15. Fifteen million LBP or more

In your opinion, how do you classify your household ?

RF16

1. Wealthy
2. Financially well-off
3. Average
4. Average to poor
5. Poor
6. Very poor

What is the minimum monthly income that a similar household to yours needs to have a decent life, in LBP?

RF17

In case of losing all sources of income, for how many months your household can continue without any income ?

RF18

(If the household was able to continue their life for a long period without income, code 999)

Result of the interview

|_|

HH13

Completeness of Interview:

Interview not completed for the following reason:

- 1. Totally completed
- 2. Partly completed

- 3. Refused
- 4. Not at home
- 5. HH not found / Destroyed
- 6. Vacant unit
- 7. Not a residential address
- 9. Other (specify)

Date of interview

HH14

Day	Month	Year
_ _	_ _	_ _ _ _

No of visits made by the interviewer

HH15

|_|_|

Stages of work

	Name	Number	Start date	End date
HH16	Field Supervisor	_ _ _		
HH17	Interviewer	_ _ _		
HH18	Office Editor	_ _ _		
HH19	Encoder	_ _ _		
HH20	Data Entry	_ _ _		
HH21	Field Controller	_ _ _		
HH22	Cleaning Operator	_ _ _		